

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34651

State File No.

FILED OCT 25 1952

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Gentry.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alamthis Grove.</u> <u>0380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>Main-street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Murtle</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Robertson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-26-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow.</u> <u>2</u>	8. DATE OF BIRTH <u>12-8-1873</u>
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House-work.</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri, Gentry County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Towers.</u>		13b. MOTHER'S MAIDEN NAME <u>Thoebie Towers.</u>	
14. NAME OF HUSBAND OR WIFE <u>William Clarence</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Homer E. Robertson</u>		ADDRESS <u>Albany, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain hemorrhage.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Albany, Gentry Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 9-19, 1952, to 9-26-, 1952, that I last saw the deceased alive on 9-25, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank H. Ross</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Albany, Mo.</u>	
23c. DATE SIGNED <u>9-27-52</u>			

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>9-28-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Finger Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>10 mi. North of Stanberry Mo.</u>	

DATE REC'D BY LOCAL REG. <u>10-18-52</u>		REGISTRAR'S SIGNATURE <u>Lester Fore</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Joan Johnson</u>		ADDRESS <u>Stanberry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Evan Johnson Student Embalmer No. 101
working under my personal supervision.

Student
Student Embalmer

Signed Evan Johnson

Licensed Embalmer No. 3492

R. O. Address Stanberry Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.